

Collection Point: Entry Projects/grants: HOPWA Clients who are: Children (under 18)

"*" Required Fields		1 C	lient Demographics
First Name:*	Last Name:*		
Middle Name:	Suffix: Ho	oH: *	
Name Data Quality:*	Social Security Number:*	Birthdate:*	
☐ Full Name Reported	☐ Full SSN Reported	☐ Full DOB	Reported
☐ Partial, or Street Name	☐ Approximate or Partial SSN	☐ Approxim	nate or Partial DOB
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Do	esn't Know
☐ Client Refused	☐ Client Refused	☐ Client Re	fused
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not	Collected
Gender:*	Race:* (Select all that apply)		Ethnicity:*
☐ Male ☐ Female	☐ American Indian or Alaska Native	☐ Hispanic	/Latino
☐ Transgender Female to Male	☐ Asian	☐ Non-His	oanic/Latino
☐ Transgender Male to Female	☐ Black or African American	☐ Client Do	oesn't Know
Gender Non-Conforming (i.e. not	☐ Native Hawaiian or Other Pacific Islander	☐ Client Re	fused
exclusively male or female)	☐ White	☐ Data Not	t Collected
Client Doesn't Know	☐ Client Doesn't Know		
Client Refused	☐ Client Refused	Relationship t	to Head of Household:*
☐ Data Not Collected	☐ Data Not Collected	☐ Self	
If Female, Pregnancy Status:*		☐ Spouse	
Yes Due Date:		☐ Daughte	r
☐ No		☐ Son	
☐ Client Doesn't Know		☐ Depende	ent Child
☐ Client Refused		Other Fa	mily Member
☐ Data Not Collected		Other No	on-Family Member
Client Contact Information:			
Address:	City/State/Zip:		
Email:	Home Phone:		
		2 Pro	ect Enrollment
Desired Clast Data *		2 110	Jeer Emoninent
Project Start Date:*	Case Manager:		
3 Entry Assessment			
Disabling Condition:*		4 He	alth Insurance:*
Yes	Covered by Health Insurance: *	☐ Yes	□ No
□ No	Client Doesn't Know	☐ Client Refused	☐ Data Not Collected
☐ Client Doesn't Know			- ''
☐ Client Refused			
□ Data Not Collected			



If client has insurance, Select all sources below:		If	If client has no insurance, record a reason why, for each source below:					
			Applied; Decision Pending		Insurance Type N/A for this Client			
	Private		Applied; Client Not Eligible		Client Doesn't Know			
	Filvate		Client Did Not Apply		Client Refused			
			Data Not Collected					
			Applied; Decision Pending		Insurance Type N/A for this Client			
	Private - Employer		Applied; Client Not Eligible		Client Doesn't Know			
			Client Did Not Apply		Client Refused			
			Data Not Collected					
			Applied; Decision Pending		Insurance Type N/A for this Client			
	Private - Individual		Applied; Client Not Eligible 🔲 Cli		Client Doesn't Know			
	r rivate - individual		,		Client Refused			
			Data Not Collected					
			Applied; Decision Pending		Insurance Type N/A for this Client			
	Medicare		Applied; Client Not Eligible		Client Doesn't Know			
	Wicalcare		Client Did Not Apply		Client Refused			
			Data Not Collected	ī	,			
			Applied; Decision Pending		Insurance Type N/A for this Client			
	Medicaid		Applied; Client Not Eligible		Client Doesn't Know			
			Client Did Not Apply		Client Refused			
			Data Not Collected					
			Applied; Decision Pending		Insurance Type N/A for this Client			
	State Children's Health		Applied; Client Not Eligible		Client Doesn't Know			
	Insurance Program S-CHIP		Client Did Not Apply		Client Refused			
			Data Not Collected					
			Applied; Decision Pending		Insurance Type N/A for this Client			
	Military Insurance	\Box	Applied; Client Not Eligible		Client Doesn't Know			
	William y mountained		Client Did Not Apply		Client Refused			
			Data Not Collected					
	State Funded		Applied; Decision Pending		Insurance Type N/A for this Client			
		Ш	Applied; Client Not Eligible		Client Doesn't Know			
		\Box	Client Did Not Apply		Client Refused			
			Data Not Collected					
	Combined Children's Health Insurance or Medicaid Program		Applied; Decision Pending		Insurance Type N/A for this Client			
			Applied; Client Not Eligible		Client Doesn't Know			
			Client Did Not Apply		Client Refused			
		ΙЦ	Data Not Collected	T				
	Indian Health Service		Applied; Decision Pending		Insurance Type N/A for this Client			
			Applied; Client Not Eligible		Client Doesn't Know			
	(IHS)		Client Did Not Apply		Client Refused			
			Data Not Collected					
CONTINUE NEXT PAGE								



			CONT	INUE FRO	M PREVIOUS PAGE		
			Applie	d; Decision I	Pending		Insurance Type N/A for this Client
	Health Insurance Obtained Through COBRA			d; Client No	_		Client Doesn't Know
			Client	Did Not App	ly		Client Refused
			Data Not Collected				
	Other Public:			d; Decision I			Insurance Type N/A for this Client
				d; Client No		<u> </u>	Client Doesn't Know
				Did Not App			Client Refused
			Data Not Collected				
5 Barriers/Special Needs:*							
Identify whether a client has each individual barrier or not. Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.							
	Alcohol Abuse*				Expected to be of	f lon	g–continued and indefinite duration
	Client Doesn't Know			If "Yes",	and substantially	imp	pairs ability to live independently?:
	Client Refused No	П	Yes	answer	□ No □	ΙYε	es Client Refused
	Data Not Collected			this:	☐ Client Doesn't	Kno	w Data Not Collected
	Chronic Health Conditio	n*			Expected to be of	f lon	g–continued and indefinite duration
	Client Doesn't Know	•		If "Yes",			pairs ability to live independently?:
	Client Refused \mathbb{No}		Yes	answer] Ye	
	Data Not Collected	Ш	res	this:	☐ Client Doesn't		
Шυ	Data Not Collected				Cheffe Boesh t	KIIO	Data Not conceted
Drug Abuse* Expected to be of long-continued and indefinite duration							
\Box c	Client Doesn't Know			If "Yes",	and substantially	imp	pairs ability to live independently?:
\Box c	Client Refused \mathbb{No}		Yes	answer	□ No □	∃Y€	es 🗆 Client Refused
	Pata Not Collected			this:	☐ Client Doesn't	Kno	w Data Not Collected
	Mental Health*				Expected to be of	f lon	g-continued and indefinite duration
\Box c	Client Doesn't Know			If "Yes",	and substantially	imp	pairs ability to live independently?:
\Box c	Client Refused \mathbb{No}		Yes	answer	□ No □] Ye	S Client Refused
	Pata Not Collected			this:	☐ Client Doesn't K	now	☐ Data Not Collected
	Physical Disability* Client Doesn't Know			If "Yes",			g-continued and indefinite duration
			,	answer			pairs ability to live independently?:
	Client Refused No	Ш	Yes	this:		J Ye	
	Pata Not Collected				Client Doesn't	Kno	w Data Not Collected
	Developmental Disability*						HIV/AIDS*
	Client Doesn't Know		The	ese two elemen	ts don't need to collect		Client Doesn't Know
	Client Refused \square No \square	Voc	"5	Substantially imp	pedes the individual's		Client Refused
	Data Not Collected	162		ability to live	independently."		Data Not Collected
шν	vata NUL CUITELLEU						Data Not Collected
If "Yes" for HIV/AIDS, Continue to next page.							
							wise, end intake.



[ONLY required for those with HIV/AIDS]

6 Medical Assistance:*

Client Refused Data Not Collected Data Not Applied; Decision Pending Applied; Client Not Eligible Client Did Not Apply Insurance Type N/A for this Client Refused Data Not Collected Data Not Collected Data Not Collected T-cell Count Available:* No							
Receiving Public HIV/AIDS Medical Assistance?: Client Doesn't Know]		Applied; Decision Pending			
Receiving Public HIV/AIDS Medical Assistance?: Client Doesn't Know Client Refused Data Not Collected Data Not Collected Receiving AIDS Drug Assistance Program (ADAP)?: Client Doesn't Know Client Refused Data Not Collected Receiving AIDS Drug Assistance Program (ADAP)?: Client Doesn't Know Client Refused Data Not Collected Reson WHY: If "NO", SELECT REASON WHY: Client Doesn't Know Client Refused Data Not Collected T-cell Count Available: No Yes Client Doesn't Know Client Available: No Available Available Client Doesn't Know Client Refused Data Not Collected T-cell Count:* No Available Available Client Doesn't Know Client Doesn't Know Client Refused Data Not Collected No Available Available Client Doesn't Know Client Doesn't Know Client Refused Client Doesn't Know		☐ YES		Applied; Client Not Eligible			
Medical Assistance?: Client Doesn't Know		□ NO	•	Insurance Type N/A for this Client			
Client Refused Data Not Collected Client Refused Data Not Collected Applied; Decision Pending Applied; Client Not Eligible Client Did Not Apply Insurance Type N/A for this Client Data Not Collected Data Not Collected Data Not Collected T-cell Count Refused Data Not Collected T-cell Count:* T-cell Count:* Not Available Available Available Available Data Not Available	•	☐ Client Doesn't Know					
Receiving AIDS Drug Assistance Program (ADAP)?: One continue of the program (ADAP)?	Medical Assistance:	☐ Client Refused					
Receiving AIDS Drug Assistance Program (ADAP)?: F "NO", SELECT REASON WHY:		☐ Data Not Collected		Client Refused			
Receiving AIDS Drug Assistance Program (ADAP)?: YES				☐ Data Not Collected			
Receiving AIDS Drug Assistance Program (ADAP)?: Client Doesn't Know]		Applied; Decision Pending			
Program (ADAP)?: Client Doesn't Know Client Refused Data Not Collected T-cell Count Available: No Yes Client Doesn't Know Data Not Collected T-cell Count:* How was the data Client Refused Undetectable Undetectable Undetectable Client Doesn't Know Client Doesn't Know Client Doesn't Know Undetectable Undetectable Client Doesn't Know		☐ YES	·	☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know			
Client Doesn't Know	<u> </u>	□ NO					
Client Refused Data Not Collected Client Refused Data Not Collected T-cell Count Available:* No Yes Client Doesn't Know Not Available Available Undetectable Undetectable Undetectable Client Refused How was the data		☐ Client Doesn't Know					
Data Not Collected Data Not Collected		☐ Client Refused					
[ONLY required for those with HIV/AIDS] T-cell Count Available: No Yiral Load Available: Not Available Available Available Undetectable Undetectable Client Refused How was the data		☐ Data Not Collected					
T-cell Count Available:* No Yes Client Doesn't Know Client Refused Viral Load Available:* Not Available Available Undetectable Undetectable Client Doesn't Know Obtained?				☐ Data Not Collected			
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Client Refused ☐ Client Doesn't Know ☐ Not Available ☐ Available ☐ Undetectable ☐ Client Doesn't Know ☐ How was the data	[ONLY requi	7 T-cell/Viral Measurements:*					
☐ Client Report ☐ Data Not Collected ☐ Client Report	NoYesClient Doesn't KnowClient Refused	How was the data obtained? Client Report Medical Report	Not AvailableAvailableUndetectableClient Doesn'Client Refuse	Poiral Load:* How was the data obtained? Client Report Medical Report			